

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**  
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

2001 - 2 2

2. STATE:

MS3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

Section 9508 of the ACA

7. FEDERAL BUDGET IMPACT:

a. FFY 2002 \$ 59,524,330b. FFY 2003 \$ 236,116,400

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement to Attachment C-1-A, Pages 1-4  
Attachment A-15-B, Page 1949. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):100  
10010. SUBJECT OF AMENDMENT: This State Plan Amendment is being filed to allow targeted case  
management services for children from birth to age three who are participating in the Mississippi  
Early Intervention Program (per Code Ann. Section 43-13-117 (1)(b) (as amended, 1997)).

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ OTHER, AS SPECIFIED:☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Rica Lewis-Payton

14. TITLE:

Executive Director

15. DATE SUBMITTED:

January 23, 2002

16. RETURN TO:

Rica Lewis-Payton, Executive Director  
Miss. Division of Medicaid  
Attn: Rene Compton  
239 North Lamar Street, Suite 800  
Jackson, MS 39201-1399

17. DATE RECEIVED:

February 4, 2002

FOR REGIONAL OFFICE USE ONLY

18. DATE APPROVED:

June 12, 2002

19. EFFECTIVE DATE OF APPROVED MATERIAL:

January 1, 2002

PLAN APPROVED - ONE COPY ATTACHED

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Eugene A. GrasserTherrell S. Bond Jr. Eugene A. Grasser  
Associate Regional Administrator  
Division of Medicaid and State Operations

23. REMARKS:

State Mississippi

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Targeted Case Management Services for children birth to 3 participating in the Mississippi Early Intervention Program.

- A. Target Groups: by invoking the exception to comparability allowed by 1915(g)(1) of the Social Security Act, this service will be reimbursed when provided to persons who are:
1. Children birth to three years of age who have developmental disabilities and who are enrolled and participating in the Mississippi Early Intervention Program.

The individuals in the target groups may not be receiving case management services under an approved waiver program.

- B. Areas of State in which services will be provided:

☒ Entire State

☐ Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is involved to provide services less than statewide):

- C. Comparability Services:

☐ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

☒ Services are not comparable in amount, duration, and scope. Authority of Section 1915(g)(1) of the Acts is invoked to provide services with out regard to the requirements of Section 1902(a)(10)(B).

- D. Definition of Services: Case management is a service which allows providers to assist eligible individuals in gaining access to needed medical, social, educations, and other services. Consistent with the requirements of Section 1902(a)(23) of the Act, the providers will monitor client treatment to assure that clients receive services to which they are referred.

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TN # 2001-22  
Superseded TN # NEW

Date Effective JAN 01 2002  
Date Approved JUN 12 2002

State Mississippi

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Case management is an active, ongoing process that involves activities carried out by a case manager to assist and enable a child enrollee and participating in the Mississippi Early Intervention Program gain access to needed medical, social, educational and other services. Service Coordination assist the child and child's family, as it relates to the child's needs, from the notice of referral through the initial development of the child's needs identified on the Individualized Family Services Plan(IFSP). Additionally, Service Coordination assists the child and child's family, as it relates to the child's needs, with ongoing service coordination, for the child, provided by the individual service coordinator selected at the time the IFSP is finalized.

These activities include:

1. Arranging for evaluation and assessment activities to determine the identification of services as it relates to the child's medical, social, educational and other needs.
2. Arranging for and coordinating the development of the child's IFSP;
3. Arranging for the delivery of the needed services as identified in the IFSP;
4. Assisting the child and his/her family, as it relates to the child's needs, in accessing needed services for the child and coordinating services with other programs;
5. Monitoring the child's progress by making referrals, tracking the child's appointments, performing follow-up on services rendered, and performing periodic reassessments of the child's changing service needs;
6. Obtaining, preparing and maintaining case records, documenting contacts, service needed, reports, the child's progress etc.;
7. Providing case consultation (i.e., with the service providers/collaterals in determining child's status and progress);
8. Coordinating crisis assistance (i.e., intervention on behalf of the child, making arrangements for emergency referrals, and coordinating other needed emergency services); and
9. Coordinating the transition of an enrolled child to on going services prior to the child's third birthday.

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TN # 2001-22  
Superseded TN # NEW

Date Effective JAN 01 2002  
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State Mississippi

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Mississippi Division of Medicaid will assure that the state agencies, private and public providers meet the criteria to ensure case management services to children with developmental disability targeted group, will be given equal consideration. Enrollment in the case management program will be open to all state agencies, private and public providers who can meet the qualifications. The Division of Medicaid will participate in the review of the applications for provider enrollment.

E. Qualifications of Providers:

As provided for in Section 1915(g)(1) of the Social Security Act, qualified providers shall be state agencies, private and public providers and their subcontractors meeting the following Medicaid criteria to ensure that case managers for the children with developmental disabilities are capable of providing needed services to the targeted group:

1. Demonstrated successfully a minimum of three years of experience in all core elements of case management including:
  - a) assessment;
  - b) care/services plan development;
  - c) linking/coordination of services; and
  - d) reassessment/follow-up.
2. Demonstrated case management experience in coordinating and linking such community resources as required by the target population;
3. Demonstrated experience with the target population;
4. Demonstrated the ability to provide or has a financial management system that documents services delivered and costs associated.

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F. Qualifications of Case Managers (only the following can be case managers):

Each case manager must be a Mississippi Early Intervention Program certified service provider, and:

1. a. Have a bachelor's degree in child development, early childhood education, special education, social work; or  
b. Be a registered nurse;
2. a. Two years experience in service coordination for children with disabilities up to age 18; or  
b. Two years experience in service provision to children under six years of age.

G. The state assures that the provision of case management services will not unlawfully restrict an individual's free choice of providers in violation of Section 1902(2)(23) of the Act.

A. Enrolled and participating recipients will have free choice of the available providers of case management services.

B. Enrolled and participating recipients will have free choice of the available providers of other medical care under the plan.

H. Payments for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

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TN # 2001-22

Superseded TN # NEW

Date Effective JAN 01 2002

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# STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Attachment 4.19-B

Page 19d

State Mississippi

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## METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES

### OTHER TYPES OF CARE

#### **Targeted Case Management Services for children birth to three participating in the Mississippi Early Intervention Program**

Payment for Targeted Case Management (TCM) Services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

#### TCM Services by Public Providers

TCM for children, ages birth to three years of age, provided by public providers will be reimbursed through an encounter fee. The TCM encounter fee will be based on the actual costs associated with allowable case management service delivery.

Reimbursement is based on cost reports submitted by the provider. The rate will be determined by dividing total reasonable cost by total encounters but will not exceed the upper limits specified in 42 CFR 447.321 through 447.325. The established rate setting period is July 1 to June 30. The TCM encounter fee will be prospectively determined for an interim period until the end of the reporting period when there is a retrospective cost settlement. The cost report will include both the direct and indirect costs of providing case management services and statistical information regarding the number of children served, including the number of encounters. The cost report will include allocations between the different programs administered by the provider and the computation of the actual cost of case management. The provider must submit a copy of the two most current Random Moment Time Studies (RMTS) with each cost report. The RMTS must show the times allocated to each program administered by the provider.

#### TCM Services for Non-Public Providers

TCM for children, ages birth to three years of age, provided by non-public providers are reimbursed on a fee-for-services basis.